
Name

Mailing Address

City, State Zip Code

Phone Number

Petitioner appearing without a lawyer

**MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY**

In re the Marriage of:

_____,
Petitioner (you),

and

_____,
Respondent (your spouse).

Case No: _____
(leave blank, the clerk will write in)

**Notice and Acknowledgment
to Child Support Enforcement Division
and Attorney General**

NOTICE TO:

- State of Montana, Department of Public Health and Human Services, Child Support Enforcement Division
- Attorney General of the State of Montana

A petition to dissolve this marriage and establish a parenting plan, including child support was filed in district court. A copy of the petition and proposed parenting plan is attached to this notice.

Dated this _____ day of _____, 20____.

Petitioner appearing without a lawyer (sign here)

Print Name

CERTIFICATE OF MAILING

On _____ day of _____, 20____, I sent by mail, postage prepaid, the following documents:

- ☒ Notice and Acknowledgment to Child Support Enforcement Division and Attorney General
- ☒ Petition for Dissolution of Marriage With Children
- ☒ Petitioner's Proposed Parenting Plan
- ☐ _____
- ☐ _____

To: Department of Public Health and Human Services,
Child Support Enforcement Division

(Street)

(City) (State) (Zip)

Attorney General
215 N. Sanders, Third Floor
P.O. Box 201401
Helena, Montana 59620-1401

Date *(the date you signed this)*

Petitioner appearing without a lawyer *(sign here)*

Print Name

**MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY**

In re the Marriage of: _____, <div style="text-align: right;">Petitioner (you),</div> and _____, <div style="text-align: right;">Respondent (your spouse).</div>	Case No: _____ <div style="text-align: center;">Acknowledgment of Notice in Family Law Case</div>
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(The rest of this form will be filled out by the Department of Human Resources)

ACKNOWLEDGMENT OF NOTICE IN FAMILY LAW CASE

I acknowledge I received a copy of the Petitioner's Notice to Child Support Enforcement Division and a copy of the Petition and Proposed Parenting Plan.

Dated this _____ day of _____, 20____.

Signature

Print Name and Title

DECLINATION BY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

The Department of Public Health and Human Services declines to enter this case as a party.

Dated this _____ day of _____, 20____.

Signature

Print Name and Title

RETURN OF ACKNOWLEDGMENT
BY DEPARTMENT OF HUMAN RESOURCES, CHILD SUPPORT DIVISION
TO PETITIONER

On _____ day of _____, 20____, I sent by mail, postage prepaid, the Acknowledgment by Child Support Enforcement Division

To: Petitioner _____

(Street)

(City) (State) (Zip)

Date of Signature

Signature

Print Name and Title

NOTICE TO PETITIONER:

The Department of Human Resources-Child Enforcement Division will fill out and send the acknowledgment back to you. When you get it, fill out this page. And, submit BOTH the acknowledgment and this page to the Clerk of District Court and a copy to your spouse or their lawyer (if they have one).

CERTIFICATE OF MAILING

On _____ day of _____, 20____, I sent by mail, postage prepaid, the Acknowledgment by Child Support Enforcement Division and certificate of mailing:

To: ***(Choose One. If your spouse has a lawyer, you must send these documents to their lawyer)***

- ☐ Your spouse appearing without a lawyer
- ☐ Your spouse's lawyer

(Name)

(Street)

(City)

(State)

(Zip)

Date *(the date you signed this)*

Petitioner appearing without a lawyer *(sign here)*

Print Name